

5-1-06 EXPRESS MAIL NO. EV741777884US

TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

Application Number	09/684,361
Filing Date	October 6, 2000
First Named Inventor	Alexander Gaiger
Art Unit	1644
Examiner Name	Ronald B. Schwadron, Ph.D.
Attorney Docket No.	210121.465C2

ENCLOSURES (check all that apply)									
Fee Transmittal Form Fee Attached Amendment/Respond After Final Affidavits/declara Extension of Time Reflection Express Abandonmer Request Information Disclosur Statement and Trans Cited References Certified Copy of Price Document(s) Response to Missing under 37 CFR 1.52 of Response to Missing Parts/Incomplete App	ation(s) equest ent re smittal ority g Parts or 1.53	Drawing(s) Request for Corrected File Receipt Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation, Change of Correspondence Address Declaration Statement under 37 CFR 3.73(b) Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on	ling	Afti Co App Bo Int App TC Ree Sta Ree	ter Allowance communication to TC peal Communication to peal of Appeals and perferences peal Communication to c (Appeal Notice, Brief, ply Brief) poprietary Information petus Letter peturn Receipt Postcard pher Enclosure(s) (please pentify below):				
									
SIC	GNATUR	E OF APPLICANT, ATTORN	IEY, OI						
Firm Name Seed Intellect		ual Property Law Group PLLO		Customer Number 00500					
Signature	2	44,6	for						
Printed Name Julie A. Urvater, Ph.D., Patent Agent									
Date April	1 28, 2006	Re	eg. No.		50,461				
CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.									
Signature									
Typed or printed name				ate:					
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.									

776646_1.DOC

- /- \						PRESS MA nplete if Kr		
Feet gursuant to the Con	solidated Approp	riations Act. 20	005 (H.R. 4818).	Application		09/684,36		
E 8 2006 FEE T	RANS	MITT	AL	Filing Date		October 6	2000	
				First Named	Inventor	Alexander	Gaiger	
\$/	OFFIZ	000		Examiner N	ame	Ronald B.	Schwadro	on, Ph.D.
Applicant claims sm	nall entity stat	us. See 37	7 CFR 1.27	Art Unit		1644		
TOTAL AMOUNT OF	PAYMENT	(\$)450		Attorney Do	cket No.	210121.46	55C2	.,
METHOD OF PAYME	NT (check all	that apply)						
X Check Credit	Card	Money Ord	er 🛮 Other	(please identif	ý):			
Deposit Account	Deposit Ad	count Num	ber: <u>19-1090</u>	Deposit Acco	ount Name:	Seed IP Lav	v Group P	LLC
For the above-ide	ntified deposi	t account, t			· ·	-		
Charge fee(s	•			Charge fee			-	_
☐ Charge any a				Charge any	underpaym	nents or cred	dit any ove	erpaymen
	ler 37 CFR 1.						alte a a a di faife.	
Warning: Information on this authorization on PTO-2038.	s torm may becor	ne public. Cre	dit card information	should not be incl	uded on this for	m. Provide cre	edit card info	rmation and
FEE CALCULATION	All the fees	below are	due upon filing	or may be s	ubject to a	surcharge.)	
1. BASIC FILING, SE	ARCH, AND	EXAMINAT	TION FEES					
	FILING F	FEES	SEARC	CH FEES EXAMINAT FEES				
		Small Enti	ity	Small Entity	t.	Small Entity		
Application Type	<u>Fee (\$)</u>	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fe</u>	es Paid (S
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM F	EES							Small E
Fee Description							<u>Fee (\$)</u>	Fee (
Each claim over 20 (inc	luding Reissue	es)					50	25
Each independent claim	over 3 (includ	ding Reissue	es)				200	100
Multiple dependent clair	ms						360	180
Total Claims	Extra Clai	<u>ms</u>	Fee (\$)	Fee Paid	<u>(\$)</u>	<u>Multip</u>	le Depen	dent Clair
<u>4</u> -20 or HP =	<u>o</u>	X	=			Fee (\$)	<u> </u>	ee Paid (
HP = highest number of	of total claims	paid for, if	greater than 20).				
Indep. Claims	Extra Clai	ms	Fee (\$)	Fee Paid	<u>(\$)</u>			
11100P1 01011110	<u>0</u>	X						
3 -3 or HP =			1-4-6	than 2				
3 -3 or HP =	of independer	nt claims pa	ilo for, if greatei	เทลก 3.				
		nt claims pa	ila for, if greatei	man s.				

3. APPLICATION SIZE FEE

<u>lotal Sheets</u> <u>Extra Sheets</u> <u>Number of the local Sheets</u>		Number of each additional 50 or fraction	of each additional 50 or fraction thereof			
-100 =		/50 =	(round up to a whole number)	x		
4. OTHER FEE(S)						Fees Paid (\$)
Non-English Specific	ation, \$130	fee (no si	mall entity discount)			
Other (e.g., late filing	surcharge)	Two r	month extension of time			<u>450</u>
 						
· · · · · · · · · · · · · · · · · · ·						
SUBMITTED BY	· ·				<u>-</u>	

Signature	212 44,611	Registration No. (Attorney/Agent)	50,461	Telephone	206-622-4900	
Name (Print/Type)	Julie A. Urvater, Ph.D., Patent A	Date	April 28, 2006			